

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

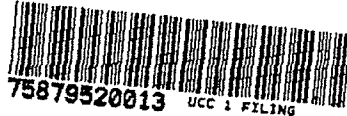
A. NAME & PHONE OF CONTACT AT FILER (optional) Tawkir Chowdhury (212) 379-8179	
B. E-MAIL CONTACT AT FILER (optional) tchowdhury@cov.com	
C. CREDIT ADVISORY INFORMATION CT Fulfillment 555 Capitol Mall, Suite 1000 Sacramento, CA 95814 68034428/18 Account: 60574850	

19-7690693161

01/07/2019 12:41



FILED

CALIFORNIA
SECRETARY OF STATE

75879520013

UCC FILING

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor Information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME Dream Center Argosy University of California, LLC				
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 601 S. Lewis Street		CITY Orange	STATE CA	POSTAL CODE 92868
			COUNTRY USA	

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor Information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME				
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
			COUNTRY USA	

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME Studio Enterprise Manager, LLC				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 1201 West 5th Street, Ste. F10		CITY Los Angeles	STATE CA	POSTAL CODE 90017
			COUNTRY USA	

4. COLLATERAL: This financing statement covers the following collateral:

All of Debtor's assets of or with respect to:

The Art Institute of California - San Diego, a campus of Argosy University

All accounts receivable of Debtor of or with respect to:

1. The Art Institute of California - Hollywood, a campus of Argosy University
2. The Art Institute of California - Inland Empire, a campus of Argosy University
3. The Art Institute of California - Orange County, a campus of Argosy University
4. The Art Institute of California - Sacramento, a campus of Argosy University
5. The Art Institute of California - San Francisco, a campus of Argosy University

ALL-STATE LEGAL®

EXHIBIT

D

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

☐ Public-Finance Transaction☐ Manufactured-Home Transaction☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:

☐ Agricultural Lien☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable):

☐ Lessee/Lessor☐ Consignee/Consignor☐ Seller/Buyer☐ Bailee/Bailor☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

File with: CA - Secretary of State

2019-000-1936-9

UCC FINANCING STATEMENT

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ARIZONA
 SECRETARY OF STATE
 01/07/19 14:53
 FILED

A. NAME & PHONE OF CONTACT AT FILER (optional) Tawkir Chowdhury (212) 379-8179	
B. E-MAIL CONTACT AT FILER (optional) tchowdhury@cov.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) CT Corporation 4400 Easton Commons Way, Suite 125 Columbus, Ohio 43219	

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1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME Dream Center Education Holdings, LLC				
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 7135 E. Camelback Rd., Ste F 240		CITY Scottsdale	STATE AZ	POSTAL CODE 85251
				COUNTRY USA

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME				
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
				COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME Studio Enterprise Manager, LLC				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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				COUNTRY USA

4. COLLATERAL: This financing statement covers the following collateral:

All of Debtor's assets of or with respect to:

1. The Art Institute of California - San Diego, a campus of Argosy University
2. The Art Institute of Seattle, LLC

All accounts receivable of Debtor of or with respect to:

1. The Art Institute of California - Hollywood, a campus of Argosy University
2. The Art Institute of California - Inland Empire, a campus of Argosy University
3. The Art Institute of California - Orange County, a campus of Argosy University
4. The Art Institute of California - Sacramento, a campus of Argosy University
5. The Art Institute of California - San Francisco, a campus of Argosy University

5. Check only if applicable and check only one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative	
6a. Check only if applicable and check only one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-House Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility	
6b. Check only if applicable and check only one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing	

7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailor/Bailor <input type="checkbox"/> Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

File with: AZ - Secretary of State